Federal Election Commission
Washington, N.C.

Jan. 30, 2015

Washington, D.C.

RECEIVED - 2015 FEB - 9 PM 12: 22

re: Year-end report for C00534016

FEC MAIL CENTER

Sir or Madam,

Our committee has still not received or disbursed any funds. As in past reports, I have entered "zeroes" in all the appropriate boxes.

Also as in past reports, I have left schedules it and "L" blank, as they are not applicable to our committee.

Yours very truly, And P. Milt

John P. Hilt, treasurer

312-671-0909

jhilt 95@ yahoo, com

1503 - 139 - 3277

FE6AN026

FEC FORM 3X

AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2015 FEB -9 PH 12: 22

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typi over the lines.	ing, type 12FF	E4M5	CENTER	
ADDRESS (number and street) Check if different than previously reported. (ACC) FEC IDENTIFICATION N	15.0.3 W. Ha Apit 203 Arlingtic	CITY A IS THIS	N 2 4 4	1 60 ₀ 0,4		
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Country Report (Country Report (Country Report (Country Report (Country Report (Non-electic Year Only) (MY) Termination Report (TER)	Report Due On: (c) 12-Day PRE-Election Report for the (d) 30-Day POST-Election Report for the	Mar 20 (M3) Apr 20 (M4) Primary (12) Convention action on General (30)	(12C) S	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) eneral (12G) pecial (12S) in the State of the State of S	Special (30S)	
5. Covering Period 10 01 2014 through 12 31 2014 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer John Hilt Signature of Treasurer Date 01 30 2015 NOTE: Submission of false, enoneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.						
Office Use Only				FEC FOF Rev. 12/2		

150% 189 321 8

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)		Page 2
	Write or Type Committee Name	ists PAC	
	Exposing Marxi Report Covering the Period: From:		To: 1.2 3.1 2.0.14
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		0000
	(b) Cash on Hand at Beginning of Reporting Period	0000	
	(c) Total Receipts (from Line 19)	0.000	0000
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0.000	
7.	Total Disbursements (from Line 31)	0.00	0000
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.0.0.0	0.000
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.0.0.0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0000	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

. W	rite or Type Committee Name	t DAA	
	Exposing Marxis	15 PAC	
R	eport Covering the Period: From:	D / 0 / 2 0 / 4 то	12 31 2014
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:)		
	(a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	0.0.0.0	0000
	(ii) Uniterpired	0000	0000
	(ii) Unitemized(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	00000	0.000
	(b) Political Party Committees	.0.0.0.0	0.000
	(c) Other Political Committees		
	(such as PACs)(d) Total Contributions (add'Lines		0.0.0.0.0
	11(a)(iii), (b), and (c)) (Carry	Committee and the committee of the commi	
	Totals to Line 33, page 5)▶	0.0.0.0	0.0.0.0
. 12.	Transfers From Affiliated/Other Party Committees	- (2000)	0000
13.	All Loans Received		<u> </u>
14.	Loan Repayments Received	0000	0.000
	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		222
16.	Refunds of Contributions Made		
	to Federal Candidates and Other		
17.	Political Committees Other Federal Receipts		0.0.0.0.0
	(Dividends, Interest, etc.)	0.0.00	0.0.0.0
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
`	(from Schedule H3)	0.0.00	0.0.0.0
		~ ~ ~ ~ ~	
	(b) Levin Funds (from Schedule H5)		1.0000
	(c) Total Transfers (add 18(a) and 18(b))	0.0.0.0	00.00
	·		
•	•		
19.	Total Receipts (add Lines 11(d),		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	12, 13, 14, 15, 16, 17, and 18(c))▶		
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	[0.0.0.U]	1
	· ·		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.000	0.0.0.0
	(ii) Non-Federal Share	0.0.0.0	0.0.0.0
	(b) Other Federal Operating Expenditures	0.0_0.0	2000
	(c) Total Operating Expenditures		
22.	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party		
	Committees	1.000.000.00	
20.	Federal Candidates/Committees and Other Political Committees	0000	00.00
	Independent Expenditures	0000	
25.	(use Schedule E)		
	(2 U.S.C. §441a(d)) (use Schedule F)		
26.	Loan Repayments Made	112120000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Loans Made	0.000	
28.	Refunds of Contributions To: (a) Individuals/Persons Other	Perconsiderate de la constitució de la constituc	
	Than Political Committees		
	(b) Political Party Committees	0000	<u> </u>
	(such as PACs)	00.00	
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements	0.000	00.00
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share		0.000
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
	With Federal Funds		0000
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.0.0	0.00
31.	Total Disbursements (add Lines 21(c), 22,	Sandandundundundundundundundundundundundundun	Emphantication of the control of the
٠.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		0.000
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	0000	0000
		THE PROPERTY OF THE PROPERTY O	MEDICAL PROPERTY OF THE PROPER

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

111.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans)	Beautier witerschusechte erfranzische eftersche erfranzisch	demonstrate de maria en adamenta en de maria en circa de la constante de la co
	(from Line 11(d), page 3)	0000	0000
34.	Total Contribution Refunds (from Line 28(d))	0000	0000
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	00-00	00.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0000	0000
37.	Offsets to Operating Expenditures (from Line 15, page 3)	00.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0000	00.00

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1 3 9
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,

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11a 116 11c 12 **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt ₿. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) >

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	ule(s) FOR LINE NUMBER: PAGE OF			
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one) 23		
	Detailed Summary Page	27	28a 28b 28c 29 30c		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used be and address of any political	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)	5 4.				
Exposing Marxists	PAG				
Full Name (Last, First, Middle Initial) A.			Date of Disbursement		
			THE TOTAL PROPERTY		
Mailing Address			manatural mandatana la arbanda		
	State Zip Codé		· · · · · · · · · · · · · · · · · · ·		
Purpose of Disbursement	Harrice		Amount of Each Disbursement this Period		
Candidate Name	,	Category/ Type			
Office Sought: House Disbursen	r				
·	Primary General Other (specify)				
State: District:	Canor (openity)		·		
Full Name (Last, First, Middle Initial)	<u></u>				
B			Date of Disbursement		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement	in the second	S. Care Language Lang	Amount of Each Disbursement this Period		
Candidate Name	į.	Category/ Type			
Office Sought: House Disbursen		- 75-2	hand so have the state of the s		
President	Primary General Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) C.			Date of Disbursement		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement	- F				
Candidate Name	CHEC	Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbursen			Hamilton all market and the colour through the colour through		
President	Primary General Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)			0000		
TOTAL This Period (last page this line number only).		······	0000		

SCHEDULE C	(FEC	Form	3X)
LOANS			
•			

LOANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Fall)		Detailed duffillary Fage	
NAME OF COMMITTEE (IN Full) EXPOSING MAIXISTS	PAC	,	
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	E	lection:
			Primary General
Mailing Address			Other (specify) ▼
City	State ZIP Co	de	
Original Amount of Loan	Cumulative Payment To		Outstanding at Close of This Period
TERMS Date Incurred	Date Due	Interest Rate	Conved
Date incurred		interest reale	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any) t	o Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
·		Amount programme	Control of the Contro
City State	ZIP Code	Guaranteed Outstanding:	The state of the s
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	·	Occupation	
	·	Amount programme	
City State	ZIP Code	Guaranteed Outstanding:	in the second
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	a silvent diameter silvent diameter
City State	ZIP Code	Colouriding.	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	•	Amount	
City State	ZIP Code	Guaranteed Outstanding:	andrewatilensell Paramillenser Farm Characteristics
		garante Caracter	Banco lanca linear lanca lanca la constituir de la consti
SUBTOTALS This Period This Page (optional)		<u> </u>	0000
TOTALS This Period (last page in this line only	y)	>	00000
Carry outstanding balance only to LINE 3, Sci	nedule D, for this line. If	no Schedule D, carry forward	d to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463	•	rage or schedule C
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Exposing Marxists PAC	·	C00534016
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		%
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incurred	The state of the s
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	The street of th
C. Are other parties secondarily liable for the debt incurr No Yes (Endorsers and guarantors me	ed? ust be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	What is the value of this collateral?
No Yes If yes, specify:		Does the lender have a perfected security interest in it? No Yes
E. Are any future contributions or future receipts of intercollateral for the loan? No Yes If yes, s		What is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	· · · · · · · · · · · · · · · · · · ·
Date account established:	Address:	
H H / D B / V W V X V X V X V X V X V X V X V X V X	City, State, Zip:	
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan		
G. COMMITTEE TREASURER Typed Name Signature		DATE
H. Attach a signed copy of the loan agreement.	· · · · · · · · · · · · · · · · · · ·	
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the teare accurate as stated above. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the institution is aware of the requirement that complied with the requirements set forth at 11 C.	icluding interest rate) no more fav f comparable credit worthiness. a loan must be made on a basis	orable at the time than those imposed for which assures repayment, and has
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature Til	tte	MAK (100) / VANANA

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

E

(Use separate schedule(s)

PAGE FOR LINE NUMBER:

•	
	9
	10

OF

xcluding Loans		numbered li		(check only one)	10
NAME OF COMMITTEE (In Full)	Do			_	
7 3 119	PAC				
A. Full Name (L'ast, First, Middle Initial) of Debtor	or Creditor	Nature	of De	ebt (Purpose):	
Mailing Address					
City State	Zip Code				•
Outstanding Balance Beginning This Period		<u> </u>			
Amount Incurred This Period	Payment This Period	Outs	tandin	g Balance at Close	of This Period
	and the substantial state of the substantial s		Granden	The second second second second second	
transferred Development Commission Commission Commission		books and the	åere Ann		4-23-4-1
B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor	Nature	of De	ebt (Purpose):	
	·				
Mailing Address					
City State	Zip Code				
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	Outs	standin	g Balance at Close	of This Period
	The state of the s		To the last		Andread
			<u> </u>		e Sant Dominant
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature	of De	ebt (Purpose):	
Mailing Address					
	Ctata Zin Codo				
City	State Zip Code				•
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	Outs	tandin	g Balance at Close of	of This Period
	and the second s				
		P .000			-
1) SUBTOTALS This Period This Page (optional)		>		2	0.0.0
2) TOTALS This Period (last page this line number o	nly)	>		<i>a</i>	0.0.0
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	>		D	000
4) ADD 2) and 3) and carry forward to appropriate fir	ne of Summary Page (last page or	nly) ▶	in the second second	<u>()</u>	0.0.0

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES		PAGE FOR LINE	OF 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATI	ON NUMBER ▼
Exposing Marxists PAC		C00.5.3	4.0.16
Check if 24-hour report 48-hour report New report Amends repo	ort filed on	/ 0 0 /	
Full Name (Last, First, Middle Initial) of Payee	Date	# / D D /	
Mailing Address	Amoun	t	
City State Zip Code			
Purpose of Expenditure Category/ Type	Office Sough	Senate	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One:	President Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursemen Oth	t For: Primary ner (specify)	General
Full Name (Last, First, Middle Initial) of Payee	Date		
Mailing Address		/ 000 /	
	Amoun	t	
City State Zip Code	·		
Purpose of Expenditure Category/ Type	Office Sough	Senate	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One:	President Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursemen Ott	t For: Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures	. •		0.0.0.0
(b) SUBTOTAL of Unitemized Independent Expenditures	· >		0.0.0.0
(c) TOTAL Independent Expenditures	>		0.0.0.0
Under penalty of periury I certify that the independent expenditures reported herein were	not made in co	poperation consulta	ation or concert

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date 0./ 3.0 2.0.1.5

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

	BEHALF OF CANDIDATES FOR FED	DERAL OFFICE		PAGE OF
2	U.S.C. §441a(d)) (To be used only	y by Political Committee	es in the General Election)	FOR LINE 25 OF FORM 3X
NA	ME OF COMMITTEE (IN Full) EX DOS ÎNA MUIXISTS	PAC		
	s your dommittee been designated to make ordinated expenditures by a political party committee? YES NO	Full Name of Subordina	ate Committee	
lf \	rES, name the designating committee:	Mailing Address		
		City	Sta	ate ZIP Code
	Full Name (Last, First; Middle Initial) of Each Payee Mailing Address		Purpose of Exp	enditure Category/ Type
	Mailing Address		Date ·	
	City State	·		
	Name of Federal Candidate Supported Office Soug	Senate Dis	tate: Amount	
	Aggregate General Election Expenditure for this Candidate		15 15 15 15 15 15 15 15 15 15 15 15 15 1	
	Full Name (Last, First, Middle Initial) of Each Payee Mailing Address		Purpose of Exp	enditure Category/ Type
	Maining Address		Date	Турс
	City State	· · · · · · · · · · · · · · · · · · ·	и и	
	Name of Federal Candidate Supported Office Soug	´ ⊢ I	strict: Amount	
	Aggregate General Election Expenditure for this Candidate			the state of the s
	Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Exp	enditure Category/
	Mailing Address		Date	Туре
.	City State	Zip Code	Date	
	Name of Federal Candidate Supported Office Soug	Senate Dis	tate: Amount	
	Aggregate General Election Expenditure for this Candidate	de carles a la companya de la compa		*3
S	UBTOTAL of Expenditures This Page (optional)			0.000
т	OTAL This Period (last page this line number only)		,	00.00

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)				
· · · · · · · · · · · · · · · · · · ·				
Exposing Marxists PAC				
USE ONLY ONE SECTION, A or B				
A. State and Local Party Committees				
Fixed Percentage (select one)				
Presidential-Only Election Year (28% Federal)				
Presidential and Senate Election Year (36% Federal)				
Senate-Only Election Year (21% Federal)				
Non-Presidential and Non-Senate Election Year (15% Federal)				
B. Separate Segregated Funds and Nonconnected Committees				
Flat Minimum Federal Percentage				
If the committee will allocate using the flat minimum percentage of 50% federal funds, check				
or				
If the committee is spending more than 50% federal funds, indicate ratio below				
Federal.				
reuciai				
Nonfederal%				
This ratio applies to (check all that apply):				
5775Q (975)				
Administrative 📗 Generic Voter Drive 📗 Public Communications Referencing Party Only 📗				

ACTIVITY OR EVENT IDENTIFIER

Revised

Direct Candidate Support

ACTIVITY IS:

FE6AN026

Fundraising

New

CHECK IF THE RATIO IS:

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full) EXPLINA MAIXISTS PAC		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	ATE SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	thod" where the federal pr	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a large allocated using a time/space method.	fit derived by federal cand nunications or voter drives	lidates from the ac-
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support	FEDERAL %	NONFEDERAL %
CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

Same as Previously Reported

FEDERAL %

NONFEDERAL %

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGI	=	OF		
FOR	LINE	18a OF	FORM	3X

	FOR LINE 10a OF FORIVI 3X				
NAME OF COMMITTEE (In Full)					
Exposing Marxists PAC					
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED				
horsetuned boundered by the ordered business	Samuel Assembly and Describe and Describe and Resembly and Samuel Assembly and Samuel				
BREAKDOWN OF TRANSFER RECEIVED					
i) Total Administrative					
	In must be not be a supported to some a support of the support of				
ii) Generic Voter Drive	and the state of t				
iii) Exempt Activities	Same the section of the continues the section of the continues to the cont				
iv) Direct Fundraising (List Activity or Event Identifier)					
The manufacture is the second and th					
a)					
b)	The state of the s				
The second secon					
c) Total Amount Transferred For Direct Fundraising	And the second s				
v) Direct Candidate Support (List Activity or Event Identifier)					
a)					
An anticological and a second a					
b)	acceptance of the control of the con				
c) Total Amount Transferred For Direct Candidate Support	amenda on Amenda Three alone of Three Amenda on the Santa on the				
vi) Public Communications Referring Only to Party (Made by PAC)					
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVE					
OTALS FOR BREAKDOWN OF TRANSFER RECEIVE					
TOTAL This Period (Administrative)					
Section 1. Property south and the section 1.	The second secon				
TOTAL This Period (Generic Voter Drive)	the continue of				
A service of the serv	Constitution of the same of th				
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TOTAL This Period (Public Communications Referring Only to Party)					
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF

	DERAL/NUNFEDERAL AC				FOR LINE 21a OF FORM 3X
	ME OF COMMITTEE (In Full)	PAC.	·		
<u>_</u>	Full Name (Last, First, Middle Initial)	17.0	···		Allocated Activity or Event:
Α.	Tun Name (Last, 1 list, Middle Middle)				Administrative Fundraising Exempt
	Mailing Address			•	
					☐ Voter Drive ☐ Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
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				Type	Date
	FEDERAL SHARE	+	NONFEDERA	SHARE	= TOTAL AMOUNT
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	Mailing Address		-		Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
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	Activity or Event Identifier:			Res selection and	
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			ment Daniel Branch and Obs		
<u>c.</u>	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
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SI	JBTOTAL of Allocated Federal and NonFe	deral Activity Th	is Page	 	** · · · · · · · · · · · · · · · · · ·
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR

NAME OF COMMITTEE (In Full) Exposing Marxists PAC NAME OF ACCOUNT DATE OF RECEIPT NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED WOTER REGISTRATION 10 Voter Registration 10 Total Amount Transferred for Voter Registration 11 Voter ID Total Amount Transferred for GOTV Total Amount Transferred for Generic Campaign Activity NAME OF ACCOUNT: DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED PREAKDOWN OF THIS TRANSFER 1) Voter ID Total Amount Transferred for Voter Registration BREAKDOWN OF THIS TRANSFER 1) Voter Registration Total Amount Transferred for Voter Registration TOTAL AMOUNT TRANSFERRED VOTER ID VOTER ID VOTER ID TOTAL AMOUNT TRANSFERRED VOTER REGISTRATION Total Amount Transferred for Voter ID
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Total Amount Transferred for Voter ID
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GENERIC CAMPAIGN ACTIVITY iv) Generic Campaign Activity
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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	Ξ		OF		
FOR	LINE	30a	OF	FORM	ЗХ

IAME OF COMMITTEE (In Full)		
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Exposing Marxists PA		
A. Full Name (Last, First, Middle Initial) / Full Orga	nization Name	Type of Allocated Activity or Event:
		Voter Registration GOTV
		Voter ID Generic Campaign
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Purpose of Disbursement	Category/	Date
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B. Full Name (Last, First, Middle Initial) / Full Orga	nization Name	Type of Allocated Activity or Event:
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		Voter ID Generic Campaign
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City State	Zip Code	
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Purpose of Disbursement	Category/	Bem / DED / PARA
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City State	Zip Code	
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SUBTOTAL of Shared Federal and Levin Activity This	Рапе	·····
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SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

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	(b) Unitemized		STREET, STREET
			party and the same of the same
	(c) Total	and the state of t	
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3.	TOTAL RECEIPTS		
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4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
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E	OTHER DISBURSEMENTS	The same of the sa	the state of the s
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7	BEGINNING CASH ON HAND		Sample of the state of the stat
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9.	SUBTOTAL	de la company de	and the second of the second o
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10.	DISBURSEMENTS	and the second s	
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11.	ENDING CASH ON HAND		
11.	(Subtract Line 10 From Line 9)	Anna de la constanta de la con	
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SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s) for each category of the

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Any information copied from such Reports and Statements may not or for commercial purposes, other than using the name and addres	be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Exposing Marxists PA		·
Full Name (Last, Effst, Middle Initial) / Full Organization Name A. Mailing Address		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		and the second s
Full Name (Last, First, Middle Initial) / Full Organization Name 3. Mailing Address		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
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Full Name (Last, First, Middle Initial) / Full Organization Name C. Mailing Address		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business Occupation	·	Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name D.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City State Name of Employer or Principal Place of Business	Zip Code	
Occupation		Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 4c 4a 4b 4d

Aggregation Page OF LEVIN FUNDS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement A. Mailing Address State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name В. Date of Disbursement Mailing Address Zip Code State Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name C. Date of Disbursement Mailing Address Zip Code City State Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name D. Date of Disbursement Mailing Address Zip Code City State Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name E. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

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USPS Priority Mail Express	Postmarked	
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Overnight Delivery Service (Specify):	Shipping Date	
Next Business Day Delivery		
Received from House Records & Registration Office	Date of Receipt	
Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	ceipt or Postmarked	
	2/9/15	
PREPARER (8/2013)	DATE PREPARED	